

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019120

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11	1		1			
12		1		1		
13		2		1		
14		0		1		
15		0		1		
16		1		1		
17	1		1			
18		1		1		
19		1		1		
20					1	
21						1
22						1
23						1
24						1
25						1
26						1
27						1
28						1
29						1
30						1
31						1
32						1
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34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	16	↓		↓
TOTAL CLAIMS			19			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57					1	
58						1
59						1
60						1
61						1
62						1
63						1
64						1
65						1
66						1
67						1
68					1	
69						1
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	3	↓
TOTAL DEP.		↓		↓	48	↓
TOTAL CLAIMS					51	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS